

## HOTEL REGISTRATION FORM

Special room rates for attendees of the **2006 RERTR INTL MEETING** have been negotiated. To take advantage of these rates and to ensure your accommodation at the hotel, reservations should be made by completing this booking form and faxing it directly to the SOUTHERN SUN CAPE SUN (Strand Street) by **29 AUGUST 2006**. *Reservations received after this date, or after the group block has been filled, will be accepted on a room available basis.*

**1.** Please complete one form per attendee in BLOCK CAPITALS using a red or black pen. For multiple bookings, please copy this form.

<b>Title:</b> <small>(Mr Mrs Ms Miss)</small>	<b>Last Name:</b>	<b>First name:</b>
<b>Company:</b>	<b>City:</b>	<b>State:</b>
<b>Address:</b>	<b>Post/Zip code:</b>	
<b>E-mail:</b>	<b>Country:</b>	
<b>Telephone:</b>	<b>Fax:</b>	
<input type="checkbox"/> I will be sharing the room with <b>Mr / Ms</b> <b>Last name:</b> _____ <b>First name:</b> _____		

**2.** Please reserve for me the following room-nights at the SOUTERN SUN CAPE SUN

<b>Standard Rooms</b> <input type="checkbox"/> = ZAR <b>R950.00</b> Single <input type="checkbox"/> = ZAR <b>R1105.00</b> Double <input type="checkbox"/> = ZAR <b>R1390.00</b> Executive <input type="checkbox"/> = ZAR <b>R2380.00</b> Suite <input type="checkbox"/> = ZAR <b>R3700.00</b> Presidential	Rate is inclusive of 14% VAT, but excludes any national or provincial tourism or other levies that may be required by legislation from time to time. Rate does not include the SA tourism levy that is currently 1% of accommodation portion only. Rate is inclusive of Full Breakfast
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Please indicate number of nights:		Occupancy: Single		Double	
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Smoking [ ] or Non-Smoking [ ]

Hotel Arrival Date:	Time:	Departure Date:
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Flight Arrival Information:	Airport transfer: Yes [ ] No [ ] (R200.00 one way)	Please tick if required
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Date:	Flight number:	Arrival time:
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**3.** All reservations must be guaranteed with a major credit card. *Personal or Company cheques will not be accepted at check-in.*

☐ I guarantee my room reservation with my **Visa, MasterCard** or **American Express** credit card:

Card Company:	Card Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>
Expiry Date:	Name of Card Holder:
Last 3 Digits on back of card: _____	Signature of Cardholder: _____

**4.** Please return this form to

**SOUTHERN SUN CAPE SUN**  
 Box 4532, Cape Town, 8000, South Africa  
**ATTENTION: Roshan Hartley**  
 Email: roshaanh@southernsun.com  
 Tel: +27 21 488 5100  
 Reservations Fax: + 27 21 426 1660

**BANK ACCOUNT DETAILS**  
 NEDBANK,  
 HEERENGRACHT BRANCH  
 ACC NO: 1031 272283  
 BRANCH CODE: 10310900

**5. Terms:**

- 1 1(ONE) NIGHTS ACCOMMODATION will be charged once booking form has been received. Should the booking be cancelled 30 days prior to arrival the full amount will be non refundable. **(Note no personal cheques will be accepted)**
- 2 Our check in time is 14h00 and our check out is 11h00. Please ensure prior arrangements are made in the event of early arrival or late departures being required.
- 3 No accommodation will be considered guarantee unless we are furnished with credit card details or the accommodation pre-paid.
- 4 All no-show accommodation will be liable for full cancellation fees.
- 5 When completing this form the above-mentioned party gives the Hotel the right to charge the above mentioned credit card for the full accommodation.